



## EXPRESS MAIL CERTIFICATE

DOCKET NO. : 19603/3810 (CRF D-2693)  
APPLICANT : Paul H. Steen  
TITLE : A SYSTEM AND METHOD FOR CONTINUOUS CASTING OF  
A MOLTEN MATERIAL


Certificate is attached to the **Request for Three-Month Extension of Time**  
**(1 page) in duplicate** of the above-named application.

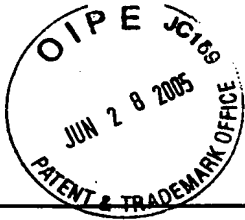
“EXPRESS MAIL” NUMBER: EV652971360US  
DATE OF DEPOSIT: June 28, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Putthy Ho**

(Typed or printed name of person mailing  
paper or fee)

  
(Signature of person mailing paper or fee)



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 19603/3810 (CRF D-2693)														
<div style="text-align: center; font-weight: bold; font-size: small;">CERTIFICATE OF MAILING</div> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____	In re Application of Paul H. Steen															
	Application Number 10/072,404      Filed 2/8/2002															
	For A SYSTEM AND METHOD FOR CONTINUOUS CASTING OF A MOLTEN MATERIAL															
	Group Art Unit 1725	Examiner Len Tran														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 80%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="width: 20%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td style="text-align: right;">\$ <u>510</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; text-align: center; vertical-align: bottom;"> _____ Signature</td><td style="width: 50%; text-align: center; vertical-align: bottom;">June 28, 2005 _____ Date</td></tr><tr><td style="text-align: center; vertical-align: bottom;">Gunnar G. Leinberg _____ Typed or printed name</td><td style="text-align: center; vertical-align: bottom;">(585) 263-1014 _____ Telephone Number</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ <u>510</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	 _____ Signature	June 28, 2005 _____ Date	Gunnar G. Leinberg _____ Typed or printed name	(585) 263-1014 _____ Telephone Number
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